DOCUMENT RESUME

ED 365 485 RC 019 431

AUTHOR	Curiel, Herman; And Others
TITLE	A Needs Assessment Survey of Hispanic Oklahoma City Residents in High Density Areas. A Report of Findings.
INSTITUTION	Latino Community Development Agency, Oklahoma City, OK.
PUB DATE	28 Sep 93
NOTE	38p.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adult Basic Education; *Community Services; *Educational Needs; Elementary Secondary Education; *Health Needs; Health Services; *Hispanic Americans; Human Services; Immigrants; Limited English Speaking; *Needs Assessment; *School Attitudes
IDENTIFIERS	*Oklahoma (Oklahoma City)

ABSTRACT

A survey of Hispanic residents of Oklahoma City assessed their knowledge of and need for health, social, and educational services. Home interviews were conducted with 212 Hispanic households in areas identified as having a high density of Hispanics. One adult was interviewed in each household. Interviewee characteristics included 28% under age 25, 54% female, 60% married, 84% with children, 63% with no formal education in English, 74% with less than 7 years schooling, 59% currently employed, and 70% immigrant. About half indicated a preference for communication in Spanish, while about a third were bilingual with no language preference. Respondents were generally uninformed about community services and indicated a number of needs that could be met by available services. The highest priority was given to educational needs, particularly English classes, GED instruction, and adult literacy programs. There was also a high level of perceived community need for health-related services. The highest priority human-services needs were job placement, housing, crisis intervention, and day care. Of respondents with children currently or recently in school, 72% expressed satisfaction with their children's schooling, and few endorsed needs for bilingual education, smaller classes, or other educational change. Over 70% saw a need for recreation centers for youth, and about half supported needs for alternative education and counseling services for troubled youth. (SV)

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ED 365 485

A NEEDS ASSESSMENT SURVEY OF HISPANIC OKLAHOMA CITY RESIDENTS IN HIGH DENSITY AREAS

A REPORT OF FINDINGS

For

LATINO COMMUNITY DEVELOPMENT AGENCY
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SEPTEMBER 28, 1993

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TABLE OF CONTENTS

Foreword 1

Acknowledgements 2

Introduction I. 3

Focus Of Survey II. 5

Hispanics In Oklahoma: Background III. 6

Needs Determination IV. 7

Methodology V. 8
- Sampling 8
- Instrumentation 8
- Procedure 9

Characteristics Of Sample Population VI. 11

Findings VII. 14

Summary/Interpretation Of Findings VIII. 25
- Starting Right: Findings On Alcohol, Drug Abuse & Mental Health 28

Conclusions IX. 31

Recommendations X. 32

References 34

FOREWORD

Hispanics comprise the fastest growing minority in the United States. It is estimated that by the year 2000 Hispanics will be the largest minority group in the country.

The growth of the Latino community in Oklahoma reflects the national trend. Latinos, although in smaller numbers, have been a part of the life of the state from the beginning of our history. The Latino community was ignored then, and continues to be ignored today. No systematic study about the Latino community in Oklahoma has ever been conducted. Much of the statistical data recorded by the major institutions fails to include information on Hispanics. This lack of data makes it impossible to analyze what are the specific problems that affect this population or what are the difficulties encountered by Hispanics in their acculturation process. The lack of information makes it difficult to devise strategies to ensure that the potential of this community is tapped and incorporated into the larger community.

This needs assessment conducted in Oklahoma City is a first effort in generating information that can be helpful to everyone in understanding the Latino community. We hope that what is presented will stimulate interest in further study to determine the relationship between cultural barriers and resulting consequences. Finally, our hope is that the information presented will eventually result in a more enlightened and caring environment for a growing Latino community in Oklahoma City.

ACKNOWLEDGEMENTS

This initial effort is a product of the concern of many dedicated individuals who came together to create a document that will serve as the first step in forging a better understanding of our community. A small grant from Starting Right and a task viewed as a labor of love by many who care resulted in the first Hispanic needs assessment conducted in Oklahoma.

There are no words to match the dedication of those who were a part of the needs assessment. In a small way, I would like to extend my most profound appreciation to Herman Curiel, Ph.D., Jonas Mata, MSW, Larry Medina, BA, S Don Baker, Ph.D. and Maria del Carmen Trapp, MA. Without the hours of planning, designing, preparation and writing spent by these individuals, there would be no document. The graphics that add so much to the presentation of the material are the contribution of Michael Wayne French.

A study that requires lengthy, door-to-door interviewing conducted during the weekends, sometimes in rain, snow and ice could not have been done unless the task was really a labor of love. A very special thanks to Patrick and Pamela Maes, the invincible Gallegos Family, the OU Hispanic American Student Association, the OU Pan American Student Association, the OU Society of Hispanic Professional Engineers and the Oklahoma City Community College Hispanic Organization to Promote Education (HOPE). Even the rain, ice and snow didn't prevent these special individuals from giving up their weekends to complete the neighborhood interviews. Our hope for the future rests in our youth. These young people make us feel secure that our future is bright *en sus manos*.

A special word of thanks goes to Starting Right. Without their grant to cover basic expenses, this first step toward a better future could not have been taken. Their understanding and patience is also greatly appreciated.

Finally, we want to thank Southwestern Bell for their assistance in printing enough copies of the needs assessment to make them available for wide community distribution.

Patricia B. Fennell
Executive Director
Latino Community Development Agency

A NEEDS ASSESSMENT SURVEY OF OKLAHOMA CITY HISPANIC RESIDENTS IN HIGH DENSITY AREAS

INTRODUCTION I

This report presents the findings of a community needs assessment survey that was conducted in Oklahoma City during the months of December 1992, January and February 1993. The survey instrument used for this study was designed to gather information about Hispanic residents' knowledge, access and use of area social and health services. The report is presented in ten parts listed in the table of contents and found in the text in Roman numeral sequence. This section describes the agency developments that led to the survey decision and identifies the research team roles during the initial stage of the study.

As part of its mission to improve the quality of life in the Latino/Hispanic community the newly created (1991) Latino Community Development Agency (LCDA) staff began an informal search within existing private and public social and health service agencies to determine the service gaps that the agency could address in its efforts to serve the Hispanic population in the Greater Oklahoma City metropolitan area. The staff informal inquiry led to the discovery that no formal needs assessment of the Oklahoma City Hispanic population had been conducted. This discovery prompted a decision by the agency administrator, with board approval, to explore means to conduct a health and social welfare needs assessment. This was seen as a necessary process as part of planning the future role for the newgency. The initial challenge was to secure funding for a limited study given prohibitive cost estimates for a more comprehensive study. A committee composed of agency volunteers was formed to explore the feasibility of a needs assessment survey given agency funding limitations. The study effort became more feasible when Starting Right! agreed to provide LCDA with limited funding to conduct a needs assessment related to alcohol and drug issues in the Hispanic/Latino community of metropolitan Oklahoma City. Starting Right! is a project sponsored by the Community Council of Central Oklahoma and funded by the Office for substance Abuse Prevention (OSAP).

The LCDA's leadership saw this funding opportunity as means to satisfy both the needs of the funding source and secure for the agency a much needed comprehensive survey of the community's service needs. Rationale for an expanded Starting Right focus is supported by treatment outcome findings derived from evaluations conducted on various

community based drug-use prevention, education, and outpatient treatment programs funded by the U. S. Department of Health & Human Services, Office of Substance Abuse Prevention. A number of studies highlight the importance of working with families in the rehabilitation of a family member. Also important in successful outcomes is the need to attend to adverse environmental conditions like those commonly faced by Hispanic youth and their families living in deprived neighborhoods (De la Rosa, 1991).

The research effort reported here was led by a research team of four professional agency volunteers (two academicians, one public agency administrator and one coordinator of minority student services) with the assistance of a graduate counseling psychology student funded by the project. The study would not have been possible without the participation of eighty-seven volunteer interviewers, the majority of whom were students from four area universities.

The study was conducted in four stages. During the initial stage, the committee task was to construct an instrument that could be administered in less than thirty minutes which would satisfy both the funding requirements and agency needs. It was important that the instrument language be clearly understood by both the interviewer and interviewee. The questionnaire was designed to be administered by the interviewer. A Spanish version of the instrument was used in a pre-test with two families. The study sample was selected by identifying census tracts with high density of Hispanic residents.

During the second stage, volunteer interviewers were recruited and trained. Procedures for data collection were reviewed as part of training. Data collection took place on Saturdays to accommodate both the time requirements of volunteer interviewers and to assure that the sample included an equal number of male and female heads of households. Furthermore, it was assumed that most heads of households would be home on Saturdays.

The third stage involved the process of preparing and analyzing the data. The fourth stage involved the reporting of the findings which are contained in this report.

FOCUS OF SURVEY II

This section describes the primary focus of this survey. The essential questions that were addressed in determining the social, health and welfare needs of the Hispanic residents included in this study were:

1. What do they know about existing social services?
2. What services are needed that are not available?
3. How have they come to know about services known?
4. What services have been used?

The survey questions addressed a wide range of additional social functioning issues which have implications for social service utilization. The additional questions were designed to yield information on demographic household characteristics, acculturation levels, service needs in the areas of alcohol and drug use, common schools' education, health, recreation, safety, and financial assistance. Other information solicited included service access issues and family length of residence in the community.

HISPANICS IN OKLAHOMA: BACKGROUND III

This section is designed to provide a brief picture of the growth of Hispanics in Oklahoma and the United States. Hispanics have been immigrating into Oklahoma since 1900. The early immigrants were primarily from Mexico who came in search of improved living standards through enhanced employment opportunities (Smith, 1981).

Trends in growth for the Oklahoma Hispanic population reflect the national growth rates for this minority group. The Hispanic population in the United States grew by 53 percent from 1980 to 1990. Among U.S. minority groups it ranks second highest in percentage growth only behind the Asian population. In actual numbers, Hispanics have more than doubled in size which no other minority group has equaled. Oklahoma has experienced a 50.1%growth of it's Hispanic population from 1980 to 1990. The Hispanic population for Oklahoma is 86,160 or 2.7 percent of 3,145,585, the state population. The Hispanic population in Oklahoma City is 22,033 or five percent of 444,719 (U.S. Census, 1990). This represents a count of persons who self identify as Hispanic.

These figures are subject to error because of built in census data gathering and counting procedures that result in missing data and category miscounts. For example, Hispanics may be of any race and consequently may identify for census purposes by race instead of ethnic designation. The Hispanic designation is perceived by some Hispanics as too general, therefore they may opt to identify by their own or parents' country of origin, nationality. Permanent non citizen residents of Hispanic heritage are included in the Hispanic count. Hispanic subgroups identified by category in the U. S. Census include persons of Mexican, Puerto Rican, and Cuban heritage plus those persons whose origins are from countries located in Central and South America. Furthermore, it is assumed that this population is subject to an undercount because of missed information which is the result of persons failing to report census information due to limited English or Spanish literacy. And finally, there are those persons whose legal status is in question, who fear deportation if their identity is discovered through census reporting.

NEEDS DETERMINATION IV

This section is designed to explain how the health and social service needs of the subjects were determined.

The major concern in conducting a community needs's asessment is determining what constitutes individual or family needs in the context of identifying community unmet needs? Comprehensive literature reviews on service utilization seem to indicate that Hispanics under utilize general medical and specialized mental health care resources in comparison with their proportion in general populations (Hough et. al., 1987).

The literature suggests that Hispanics are predisposed to not discuss or admit social or personal difficulties with individuals outside their neighborhood, family or ethniculture (Gonzalez, 1991). It is, therefore, crucial to solicit information in the context of community needs so as to remove personal stigmatizing associations. It is possible to attain such information in the atmosphere of a personal home interview.

The research work which is reflected in this report was an attempt to estimate or determine the significance or importance of unmet necessities created by the condition of being poor and living in a high density Hispanic low income neighborhood. The findings will provide the LCDA staff and board of directors vital information for program planning and resource allocation. The primary objective of this survey was to identify general welfare needs in the form of health and social services that are lacking.

METHODOLOGY V

Sampling

This section describes the survey population sampling procedures, the survey instrument, the data gathering procedures and relates when the household interviews took place.

A multistage area sampling design was employed to guide the selection of Hispanic respondents. The basis for selection focused on obtaining respondents from high density Hispanic areas in Oklahoma City. The overall density of Hispanic individuals within Oklahoma City is 5 percent. In order to increase the efficiency of initial efforts to locate respondents, the 1990 census tracts within the Oklahoma City boundaries, employing a density of Hispanic population definition as 15% or greater of adults within the tract, were identified and placed into an initial data base. From this sampling frame, a random sample of twenty tracts were selected at the first stage of sampling. The blocks within these twenty tracts were further classified into those with 50% Hispanic adults being high density blocks, and those between 25% and 49% Hispanic adults being low density blocks. All high density blocks were selected for inclusion within the study while a random sample of half of the low density blocks were included. This arrangement was used to account for potential differences between Hispanics living within integrated neighborhoods and those living within neighborhoods that were more densely populated by the target group. In all, 46 blocks were selected for inclusion within the study.

After initial on-site survey experiences with this sampling arrangement, it was decided to employ the identified census blocks as central points within a group of contiguous blocks; thereby using all blocks surrounding the originally targeted sample blocks. This alteration in the original sample design was due to the mobility of the Hispanic population since the 1990 census, resulting in some of the original blocks having few Hispanic families. As a result of this modification, 101 tracts were surveyed in total.

Instrumentation

This section describes the survey instrument which was used to conduct this study. A 32 item interview schedule was employed in both English and Spanish language versions.

V.
METHODOLOGY

The schedule assessed the respondents knowledge of human service availability, their use of human services, perceptions of community needs for service, perceived barriers to receipt of services, use of information media, demographic characteristics of the respondent, and characteristics of the household. The foundational work used to develop the initial draft of the Hispanic Needs Assessment Survey was a survey used to interview settled out migrants in Illinois. That questionnaire used for conceptual purposes was developed by researchers at the University of Illinois, School of Social Work. The development of the final instrument utilized was driven by specific areas and themes of interest.

The instrument was piloted in two households in the southern Oklahoma City area. The purpose of the pilot study was to ascertain whether the inventory was translated properly, explore concerns regarding the length of the interview, whether the questions elicited responses and whether further discussion with respect to the topics was initiated by the respondent.

Procedure

This section describes the procedures that were followed in gathering the needs assessment information. Interviewers were recruited from the community and student population at the University of Oklahoma through the Office of Student Development. A handful of students from three other area colleges were also volunteer interviewers. All interviewers received training to familiarize them with the agency sponsor and purpose of the community survey, to learn how to make decisions on whom to interview in households with multiple adult subjects, how to selects alternative households when a household site did not meet the criteria for the study. This will be described further in the methodology section. Training included orientation to the research instrument, responses to questions that might come up plus the basics of interpersonal interviewing skills. Furthermore, the training stressed the need for sensitivity to cultural norms within the Hispanic community. Teams of interviewers were assembled so as to have one individual fluent in the Spanish language and each team to be comprised of one male and female member. Teams were transported to central drop/pick up points within the various geographic areas included within the sampling frame. Instructions were given to interview one adult member from each household. Individual dyad teams approached each house in the target neighborhoods. The volunteers were instructed how to query the person that answered the door at each household to ascertain whether an Hispanic individual lived at the residence. Each team was given a uniform introductory paragraph for this purpose. After interviews were completed

all interviewers were debriefed about their experiences in a joint session at the original meeting site.

Household interviews began on December 5 & 6, 1992. They continued on January 23, February 06, and 20, 1993. Except for the initial weekend, the data was collected on Saturdays between 9:00 a.m. and 4:00 p.m. with an hour break for lunch. Over this period a total of 212 interviews were completed. Initial checks of the completed inventories identified few errors in recording responses. After this editing, all schedules were entered into a data base in preparation for analysis.

CHARACTERISTICS OF SAMPLE POPULATION VI

This section describes the characteristics of the households that were used for the purpose of this study. The descriptors include sample size, age, gender, family composition, education, speaking and reading language preference, employment status, length at present residence, U.S. residence status and ethic designation preference.

The sample consisted of 212 households with one adult member from each household as respondent. Only one family member was interviewed so as not to attain repeated or confounding information. The sample is relatively young, twenty-eight percent (N=59) were under 25, sixty percent (N=126) were in the age range 26-50, nine percent (N=20) were in the age range 51-65 and three percent (N=6) were over 65. Most respondents (N=114) were female (54%) and married (60%)(N=127). Forty-four (21%) of the respondents were single . Twenty-three (10%) were divorced or separated.

Family size ranged from one to ten with the majority (N=141) of respondents (67%) reporting four or fewer household members. Sixty eight households (32%) had five or more family members. The average family consisted of two adults (52%) with 2.4 children. Sixty-nine (37%) reported three or more children while only sixteen households (9%) reported an absence of children.

Respondents were asked about the number of years of education they had completed within and outside of the United States. Responses to these two questions were added to derive an estimate of the total number of years of school completed by the respondents. One hundred twenty-eight or (63%) indicated no formal education in English. The years of formal education ranged from zero to sixteen. Of those respondents reporting some schooling there was an average of.31 years completed (sd=3.32). Twenty-three (11%) of the respondents reported twelve years of school or more while one hundred fifty one (74%) reported six years of school or less.

Respondents were asked a series of questions related to their language preferences in both reading and oral communication. The majority (N=92) of respondents indicated Spanish language reading preference (44%) while a minority (N=43) or twenty percent indicated a reading preference for English. Thirty-six percent (N=76) indicated no language preference. In terms of oral communication forty seven percent (N=97) had a preference

for Spanish over thirty-two (15%) for English with seventy-nine (37%) indicating no preference.

These language preferences appear to hold for choices in newspapers and radio stations. *El Nacional* is the most widely read newspaper (N=101) (48%) with *The Daily Oklahoman* being second (N=77)(36%) followed by *Novedades* (N=67)(32%) and *Vision* (N=55)(26%). When asked about radio station language preference, the majority (N=79) of respondents indicated a preference for Spanish stations (48%), a third (N=67) (32%) indicated no radio language preference and thirty seven (18%) preferred English stations.

The majority (N=123) of the respondents reported current employment (59%) with the proportion increasing for male respondents (77%). Of those reporting employment the majority (N=84) were engaged in full time jobs (69%) with little difference between employed males and females. The employment type for working individuals was skilled (N=45) (37%) and unskilled (N=75) (46%) laborers.

The respondents were relatively mobile with only twenty eight (13%) reporting a length of residence of greater than five years. Correspondingly, ninety two (44%) reported being at their present residence less than one year. Seventy percent (N=150) of the respondents are immigrants. Half the respondents are American citizens, sixty-two (29%) were born in the United States. Forty-eight (23%) are naturalized citizens. Twenty-three (11%) are pending naturalization. Forty-six (22%) are at various stages of securing permanent residence. The remaining thirty-three (16%) are classified as other which suggests that these persons have some problem with their immigration status.

Respondents were asked to chose one ethnic category among ten designations that speaks to their ethnic heritage identification, i. e. how they identify themselves. The choices included: White/Caucasian, Latino, Hispanic, Puerto Rican, Cuban, American-Indian, Mexican, Mexican-American, Cuban and other.

The ethnic preference designation for these respondents was predominantly (N=90) Mexican (43%) with a large number (N=71) identifying themselves as Hispanic (34%). Sixteen (8%) defined themselves as Mexican-American (8%) and fifteen (7%) selected the designation of Latino. Nine persons (4%) selected White/Caucasian, three (1%) American Indian, two Cuban (1%) and five (2%) selected the other category. As was pointed out earlier, Hispanics may be of any race and most identify primarily with their national heritage as is evident with this group of respondents. The high preference for the Hispanic

designation is likely a function of mass media prevalent use and the wide use of the label in state and federal government documents that solicit ethnic identification.

FINDINGS VII

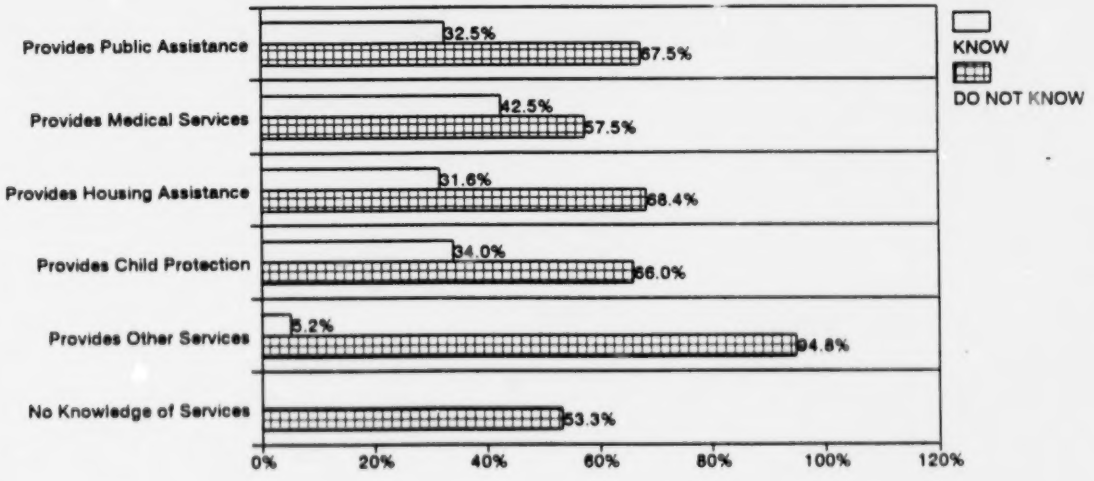
In this section the report addresses the four questions (see page 5) that are the primary focus of this needs assessment survey. The first question seeks to answer the question what do Hispanics know about existing social and health services?

Question One: What do they know?

To address the first question respondents were asked a series of questions concerning services provided by three social service agencies, the Department of Human Service, Legal Aid, and the Social Security Administration. While the questions differed from agency-to-agency, allowing for differences between agencies, there was some overlap. If respondents answered that the service was not offered by the agency or that they did not know about a particular service the response was coded as 'No - Don't Know' indicating a lack of knowledge about that particular item. The percentage of respondents endorsing each agency related item are presented in Table 1 for the Department of Human Services, in Table 2 for Legal Aid, and in Table 3 for Social Security.

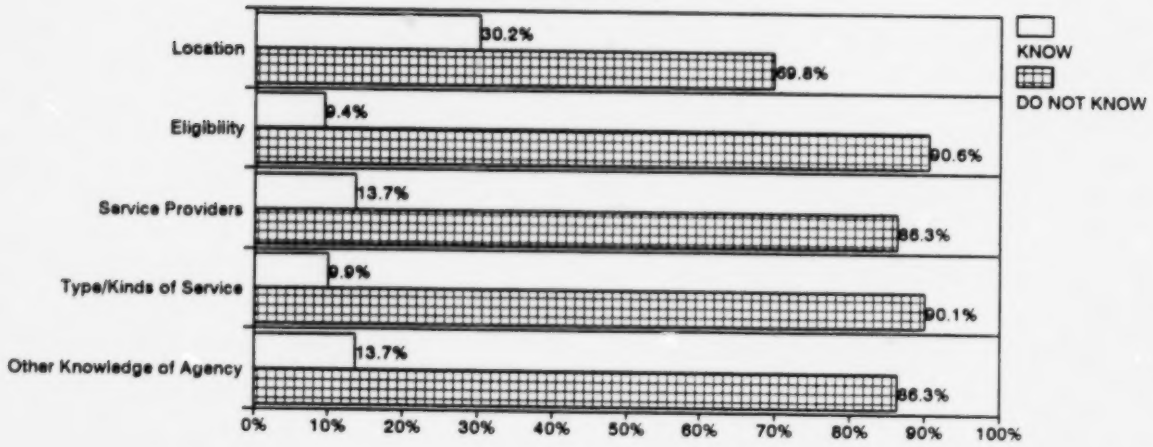
Respondents appear to have the greatest knowledge ofhe Department of Human Services and the Social Security Administration. Even so, over half, N = 113 (53%) of the respondents indicated a lack of knowledge concerning DHS services and sixty-one percent (N = 124) do not know how to obtain information regarding services provided by the Social Security Administration. Given these responses it can be estimated that between fifty and sixty percent of the sample possessed very little knowledge, if any at all, concerning the availability of major types of social services within Oklahoma City.

Table 1
Respondent Knowledge of the Department of Human Services:
Percentage In Agreement with Item



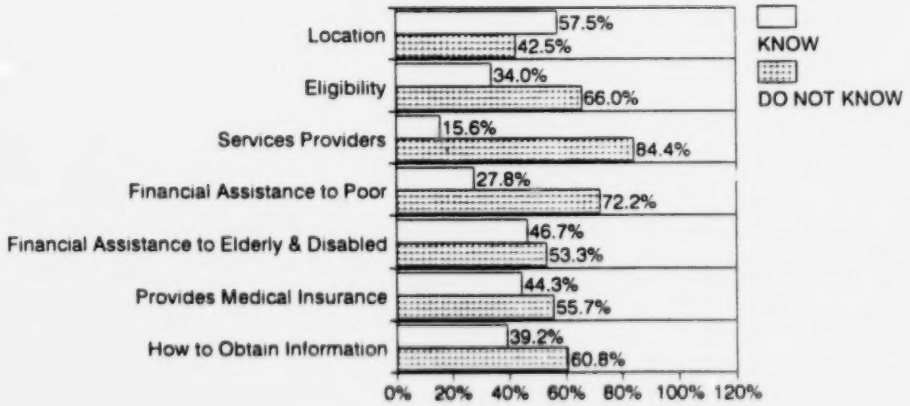
Respondents were more likely to indicate knowledge of service locations for Social Security and Legal Aid offices, and less likely to be familiar with eligibility requirements for these agencies. Knowledge of eligibility requirements for Legal Aid services was particularly absent with less than ten percent of the respondents indicating knowledge. There was lack of knowledge about the types of services offered and few respondents indicated personal knowledge of individuals associated with this agency. In general, it appears that knowledge of Legal Aid services and eligibility requirements are absent though there is some knowledge of service locations suggesting that about a third of the respondents could locate an office to make application or to explore eligibility requirements.

Table 2
Respondent Knowledge of Legal Aid Services:
Percentage Identifying Service



Respondents appeared to have higher knowledge of programs administered by the Social Security Administration. In comparison to knowledge of other social service programs, respondents were more frequently familiar with office location, financial and health benefits available through this federal program. They were less likely to know specific providers. These findings are not surprising given the extensive way in which Social Security entitlement programs, as opposed to other more specialized service programs, reach into the lives of all citizens.

Table 3
Social Security Services:
Percentage Identifying knowledge
(n = 212)



Question Two: What services are needed?

The second question seeks to determine what human services are absent that are needed. To address this question respondents were asked a series of dual questions designed to solicit their perception of need within their community for thirty-five human services and, for the second part, their knowledge of service office location. The respondents' perception of community needs and familiarity with provider office location by percentages are reported in Table 4. The findings indicate a high level of perceived community need for most services inquired about though differences in the overall level of need for various services were noted. For instance, there was a high level of reported need for community services with a focus on education. One hundred eighty-four (87%) wanted English classes. One hundred sixty-four (80%) wanted both GED instruction and adult literacy programs.

There was also a high level of perceived community need for health related services. One hundred seventy-one (81%) wanted medical services. One hundred seventy-two (81%) felt the community needed both dental and vision care services. One hundred seventy-three (82%) wanted public health services.

There were considerably lower levels of perceived community need for services with a focus on mental health, alcohol and drug abuse treatment. Fifty-six (27%) indicated need for mental health services. Sixty-three (30%) saw a need for alcoholism services. Fifty-seven (27%) indicated a need for drug abuse services. These are unexpected findings given the kind of environmental stressors that this kind of population is exposed to on every day basis.

The report will address these findings in the interpretation section. These findings are particularly noteworthy because of the special interest of "Starting Right", the LCDA research partner, that seeks to address the service needs of the total community in regards to substance abuse concerns.

Most of the other community service need areas received moderate endorsement, typically in the range of 65% to 75%. While respondents' assessment of community needs were rated high in many areas, their knowledge of service provider locations was relatively low, particularly in relation to the more specialized service need areas. Forty-one (21%) knew where to turn to in case of crisis situations. Twenty-nine (15%) could locate a service for elderly care; twenty-five (14%) could locate a service for the disabled; and forty-five

(23%) could locate both special and vocational education services. The source or accuracy of their knowledge is not known.

In eight of 35 community need areas over fifty percent indicated knowledge of service locations for social security benefits, food stamps, English classes, medical care inclusive of prenatal, birth control and dental care. The highest number of respondents, seventy one percent, had knowledge of service location for the Office of Naturalization & Immigration. This is not surprising given the finding that almost half (N = 105) indicated a need for immigration services.

In summary, there appears to be a discrepancy between perception of community service needs and knowledge related to service access. This is more true of relatively specialized services as opposed to more general health and welfare services. The findings for all service need areas indicate that, on average, forty percent of the respondents possessed service location knowledge. This would suggest that around sixty percent of the Hispanic population can be expected to lack knowledge of where to obtain community services that might be needed. In contrast, an average of sixty-eight percent of the respondents indicated the presence of community service needs. While it can not be assumed that people needing services are the least knowledgeable about where to obtain them, it does appear that there is a significant discrepancy between the indicated level of perceived community need and the knowledge level of service location.

Table 4
Community Service Needs &
Percentage Knowing Service Location

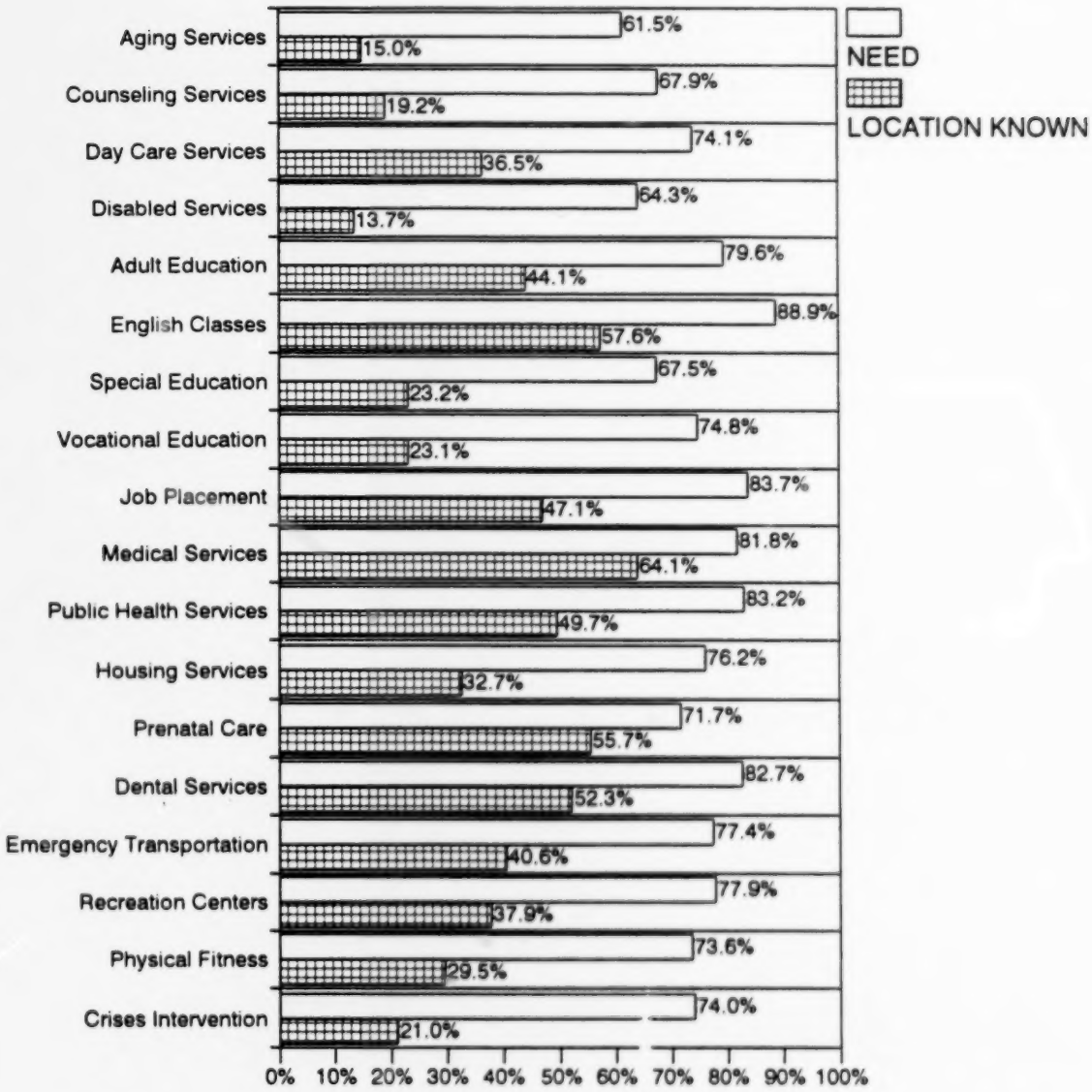
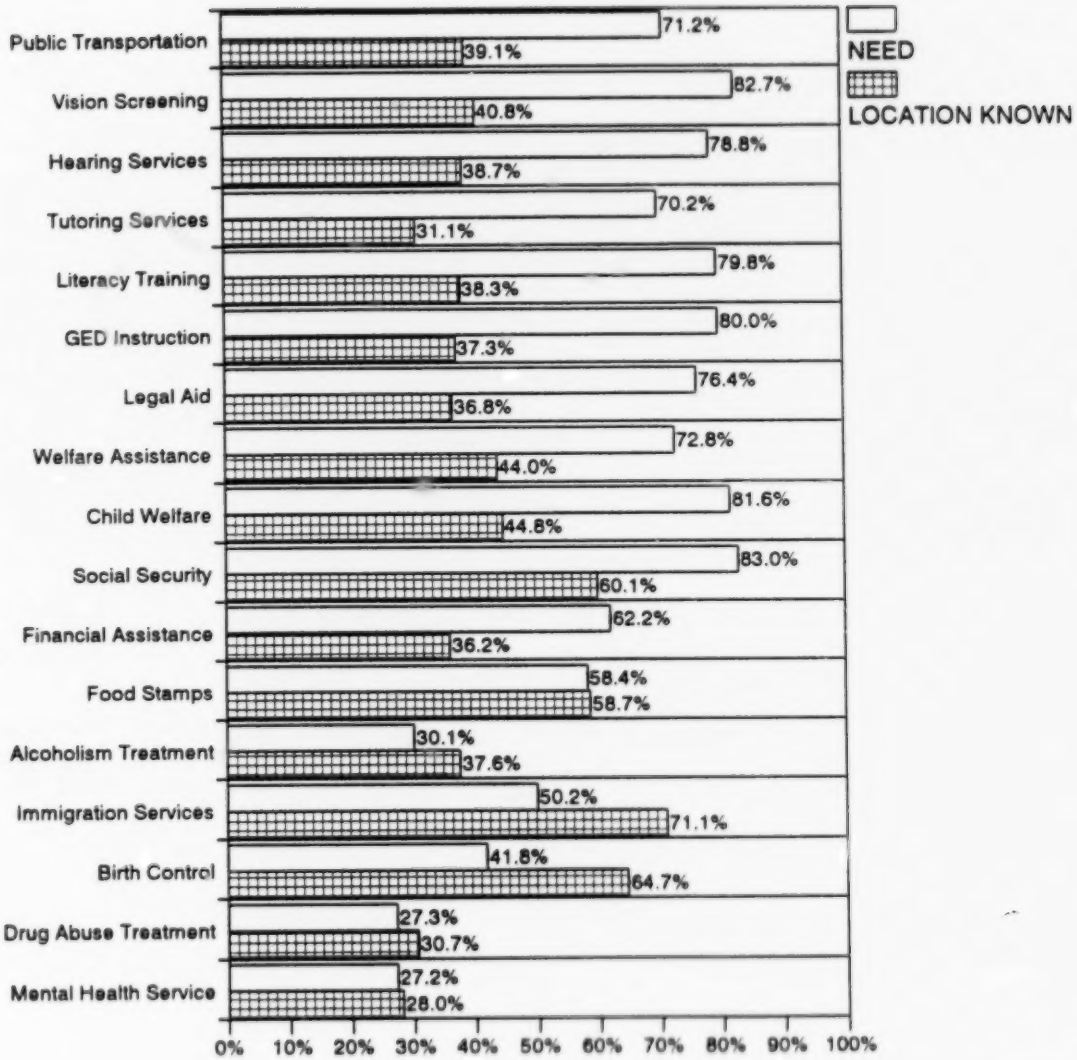


Table 4 (cont.)
Community Service Needs &
Percentage Knowing Service Location



Question Three: How do they know?

In an effort to address the third question, how have these respondents come to know about known services, factors associated with knowledge of human services within the sample, were compared with knowledge level measures derived from a "knowledge" scale constructed from the thirty-five knowledge items previously described.

If a respondent indicated knowing where to secure a specific service the scale was incremented by one. A person with knowledge of all thirty-five human services locations for the above list would have a score of 35 on this scale. The scale was evaluated for its adequacy using Cronbach's (1951) Alpha, an index of internal consistency, or "scaleness", based on the average of all possible split-half correlations of the scale. For the knowledge scale, the alpha was .93, a respectable value indicating that the scale could be used in additional statistical analyses. The mean of the scale was 13.5 (sd=8.9) with a range of 0 to 33. This indicates that respondents possessed average knowledge of where to obtain services for roughly 13 of the community service need areas identified on the list.

Next the knowledge scale derived scores were correlated with selected variables from the data set related to demographics, residence, education, and communication. Several significant correlations were obtained between the respondents knowledge of service availability and their educational level (r=.31), the extent to which they used the English language (r=.26), read English (r=.21), and had non-Latino friends. The pattern of association suggests that the better educated and acculturated respondents had a greater knowledge of human service availability, a not unexpected finding. There was also a fairly robust correlation between the extent to which respondents indicated reading the *Daily Oklahoman* and their knowledge of service availability (r=.39) as well as their indication of preference for English language radio stations. These latter findings are in keeping with an acculturation hypothesis.

In an attempt to further explore the acculturation hypothesis, a number of questions were asked to examine the extent to which Hispanic persons in this community associate with persons outside their ethnic heritage. In response to question on friendships, one hundred twenty-four (59%) indicate they maintained relationships primarily with Hispanics. Seventy-one (34%) reported their associations were about half Hispanics and half non Hispanics. This supports the premise that this Hispanic community is an insulated community which maintains limited contact with the larger community primarily because of lack of access due to cultural differences and language barriers. The fact that seventy percent of these residents are immigrants further supports the acculturation hypothesis.

Question Four: What services are used ?

The fourth question is addressed in this part of the report. Included as part of this question are the respondents' experience with school and community agencies that serve youth. The global objective was to identify services being used by this population.

VII.
FINDINGS

Given the format of the survey instrument, the most reliable barometer for estimating agency use is believed to be reflected in those service need areas showing high location familiarity. It is assumed that service areas registering high location familiarity percentage yields suggest service use or attempts to use experience. In support of this premise it is noted that the highest familiarity (71%) rating was the location of the Office of Naturalization and Immigration. This high level of location familiarity is not accidental given the facts that seventy one percent of these respondents have an immigrant background and over forty percent indicate work in progress for securing permanent resident status.

Eight other service areas that were found to show high location familiarity by priority rank order include: family planning, health care, Social Security, Food Stamps, English classes, prenatal care, dental care and public health. The data indicates that these respondents are most familiar and probably have made use of services that are considered basic family needs such as income security, education, health care and family planning. The high familiarity with office locations for the Social Security administration (N = 122) (58%) is expected given the fact that all persons must secure a Social Security card to qualify for work status.

A majority (N = 113) of the respondents (55%) had children currently or recently in school. Respondents were asked a series of questions related to public school education and other perceived service needs of young people within the community. Children, for purposes of this survey, were defined as persons under age eighteen living with one or two parent figures.

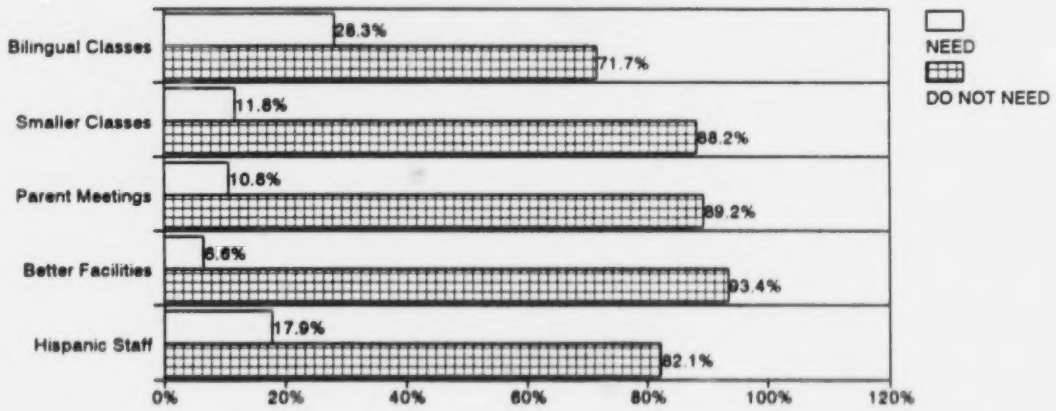
Respondents were asked to identify two things that would improve the school system, reported in Table 5. The findings indicate low levels of endorsement for educational changes listed indicating that the majority were satisfied with their children's educational experience. Eighty-two (72%) expressed satisfaction with their children's schooling. Sixty (28%) endorsed the need for bilingual classes. Twenty-five (21%) endorsed smaller classes. Twenty-three (11%) endorsed the need for more meetings for parents. Fifty-four (25%) endorsed the need for more parent-teacher meetings. Fourteen (7%) indicated a need for better school facilities and thirty eight (18%) endorsed the need for more Hispanic staff.

The low endorsement levels for educational changes need to be seen in the context of the life circumstances of these respondents. It is proposed that these respondents did not have sufficient information on the identified issues to form an educated opinion. The educational

issues selected are complex even for professional educators who have frequent opportunities to become informed. The finding that forty four percent (N=92) of the respondents had less than one year residence lends support to the premise that these respondents had limited time to become familiar with the listed educational issues.

Furthermore, it should be noted that language is a barrier for parents whose native language is not English in schools where few, if any, administrators or teachers are English/Spanish bilingual. The fact that three fourths of the interviews for this survey were conducted in Spanish plus the respondents' low, but higher priority, ranking for more bilingual classes lends further support to the premise that language barriers exist, both for the children and parents. Given the parents' short length of community residence, limited formal schooling, and limited English proficiency, it is highly probable that these respondents did not have sufficient information to render a valid response to the educational questions posed.

Table 5
Percentage of Respondents Agreeing with
Suggested School Changes
(n = 114)

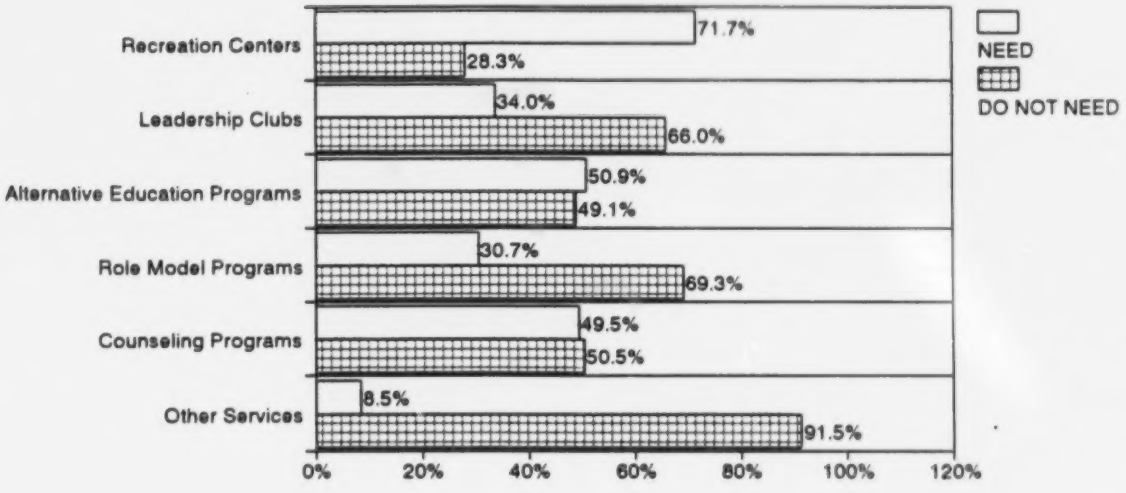


In general, limited support was present for four of five troubled youth program alternatives described in the survey and reported in Table 6. The exception was the need seen for recreational centers. One hundred fifty-nine (72%) endorsed the establishment of recreational centers. Sixty-five (31%) favored the use of role modeling programs like Big Brothers/Sisters or leadership clubs (34%) suggesting low levels of support. One hundred eight (51%) endorsed both alternative education and counseling as needed programs for troubled youth.

Once again, the findings suggest that the respondents had difficulty responding to the question because of limited information. it is suggested that the lower endorsement levels for proposed troubled youth services reflect the respondents' limited familiarity with the identified alternatives. It would appear that efforts to generate community support for leadership clubs and role modeling programs would need to begin by educating the public as to the nature and benefits of such alternative interventions. Recreation centers, alternative education and counseling services, on the other hand, are probably familiar ideas for most respondents which would require little in the way of community education to engender support for their establishment.

Table 6
Respondent Service Need Perceptions
for Hispanic Youth

(n = 212)



SUMMARY/INTERPRETATION OF FINDINGS VIII

This section is designed to provide a summary and expanded interpretation of the findings. The first part addresses the four questions addressed in the survey. The second part includes an effort to address the questions raised by the low need findings for alcohol, drug abuse, and mental health services. Although the focus of Starting Right does not include mental health. It was felt that the equal low rating for the three suggests that the respondents view a relationship between the three. It is the position of the investigators that these three issues in the context of social service needs are intertwined. Therefore, the discussion will include the three findings.

Interpretation of the findings would of necessity recognize the limitations of the sample, that it is small and represents low income residents of Hispanic high density areas in Oklahoma City.

Question One: What do they know?

Overall, the findings of this survey indicate that the Hispanic community residents that participated in this survey are uninformed about most services offered in area community agencies. When knowledge was present, it was highest for services available through two major programs, the State Department of Human Services and the entitlement programs administered by the federal Social Security administration. In both cases, however, higher percentages were accrued by those signifying that they did not know what services are available. Given the absence of knowledge it is not surprising that respondents pinpointed community service needs that can be presently met through use of services available in the wider community. A number of contributing factors were found that help explain the respondents'imited knowledge. The most obvious factor is the finding that over half of these respondents are first generation immigrants with limited (7.5 years) formal education backgrounds in either Spanish or English. Sixty-two percent have had no formal English instruction. Limited English proficiency appears to be the major contributor to the lack of knowledge findings. The lack of English language proficiency becomes a major barrier in both knowing about and accessing community services for the majority of these subjects.

Seventy-nine (37%) of these respondents are in some phase of processing their immigrant residency status. These individuals in addition to being limited English proficient are not

eligible for most public benefit programs and could jeopardize their application status by the mere act of service application. For immigration application purposes applicants must show proof that they are self sufficient, that they will not become a liability to the state. This becomes an additional source of stress for respondent families and serves as a second plausible explanation for why this set of respondents show limited knowledge of community resources.

Question Two: What services are needed?

Thirty-five service need areas were explored to determine what community services were perceived as needed. These included: educational needs, health care services, care for the aged or disabled, day care, counseling, and service needs in the areas of drug and alcohol abuse to mention but a few. As the range of choices is expansive, although admittedly not exhaustive, it was anticipated that the respondents would have found some services or needs that were being met. In all cases, the community needs were expressed as current and with three exceptions pervasive. The three exceptions in rank order were: need for services with a focus on alcohol, drug abuse and mental health. Discussion in response to these findings is discussed separately.

The highest priority needs, not surprisingly, were related to education. All forms of education received high endorsement. This speaks to the respondents' high motivation to acquire skills that enhance acculturation which moves them in the direction of greater self sufficiency. Education is seen as the path to upward mobility and a means to overcome barriers of class, language, and culture.

The discrepancy found between perception of community service needs and knowledge related to service access is a function of limited exposure and language limitations. Despite language barriers some have been able to access general health and welfare services. There have been fewer opportunities for accessing relatively specialized services because of real or perceived agency restrictions, income limitations, and language barriers which are ever present when few care providers are Spanish/English bilingual. For some, as was pointed out earlier, accessing specialized services is not an option when their immigration application status may be jeopardized.

Question Three: How do they know?

How do they know about community services? As was indicated earlier, a pattern of association was found to show that the better educated and acculturated respondents had greater knowledge of human service availability, a not unexpected finding. This indicates that those who have access to the wider media community sources have more access to information about community resources. Access to the wider media sources requires English proficiency. The alternatives for addressing the means of knowing are clearly two: one, increase educational opportunities designed to increase English proficiency and two, increase community service information in the Spanish mass media sources. Both need to be in place to meet the changing needs of this growing community.

Question Four: What services are used?

It was assumed that service areas registering high location familiarity percentage yields represented service use or attempts to use experience. It was clear from the findings that most respondents had at one time or another made use of services administered by the Office of immigration and Naturalization and the Social Security administration.

Seven other services with high location familiarity which suggest some form of prior experience included: family planning, health care, food stamps, English classes, prenatal care, dental care and public health. The nature of prior experience is not clear.

Given the fact that few households (9%) had an absence of children, it was assumed that these respondents would at some point make use of school and community youth programs to meet their children's educational and emotional needs. The question with reference to community youth programs was asked in the context of meeting the needs of troubled youth in the community. Two separate multiple choice questions were used to solicit the respondents' endorsement for both school changes and program alternatives to meet the needs of troubled youth. These findings indicate that these parents, although indicating satisfaction with their children's schooling, did not have sufficient information to endorse suggested educational improvements. The same can be said in regards to these parents' level of familiarity with troubled youth program alternatives. They endorsed the establishment of recreational centers, alternative education and counseling services. It is suggested that these program ideas were endorsed because the respondents could relate to the

program idea or some form of activity associated with the identified program concept. It is a mistake to assume that would be service consumers are in a position to make program service choices without some form of orientation to the program options.

Starting Right: Findings on alcohol, drug abuse & mental health

As has been reported earlier, it was noteworthy to find that out of thirty-five community service need areas, the respondents ranked services with a focus on alcohol, drug abuse and mental health lowest in community need priority. These are surprising findings given the high risk factors that are associated with poverty, immigrant and or minority status plus possible racial prejudice and discrimination.

The contradictory findings raise questions for both the LCDA leadership and its Starting Right, project partner which merits further study. The immediate question for both partners is what, if anything, does this mean in terms of program planning? Is there a need for services with a focus on alcohol, drug abuse, and mental health?

Only the leadership of the two partners can answer the first question. The answer to the second question is an unqualified yes. Even though, these community service needs were ranked low in comparison to other service needs, it was observed that almost a third of these respondents did endorse the need for all three services. It is noted that seventy-one respondents (38%) knew where to turn when having a problem with alcoholism and fifty-nine (31%) knew where to go for drug abuse treatment. Fifty-three or (28%) knew the location of a mental health center. These findings indicate that almost a third of all respondents endorse the need for alcohol, drug abuse and mental health services, but in comparison to thirty-two other community service needs these services are seen as having lower priority.

The low priority findings for mental health may partly help explain other literature findings which report low use of mental health services by Hispanics. Comprehensive literature reviews (Hough, R. L. et. al., 1983; Lopez, S. 1981) seem to indicate that Mexican-Americans underutilize general medical and specialized mental-health care resources in comparison with their proportion in general populations.

VIII.
SUMMARY/INTERPRETATION OF FINDINGS

It is suggested that the early socialization experiences of these respondents helped shape a different concept of mental health or mental illness as viewed in the United States. In the mental health field, the terms mental health and mental illness, are frequently interchangeably used to refer to services for prevention or treatment of a wide range of emotional problems. The question in the survey asked whether mental health services were needed.

The basis for suggesting that these respondents may have a different idea of mental health is suggested by the contradictory endorsement (68%) for counseling services as opposed to 26% for mental health. In the context of mental health services, counseling is one component of a range of mental health services. It should be noted that the word "counseling" in Spanish is associated with advice giving rather than the English association with treatment or therapy.

What is suggested by these findings, is that low income Hispanics may find existing mental health systems foreign in the context of both their problem solving schema and the kind of issues that effect their daily lives. One more impediment for the majority of these limited English proficient would be service consumers is the language barrier which exists when mental health care providers are not Spanish/English bilingual.

It is suggested that subjects in this study share characteristics found in other similar studies which predispose them to make limited use of traditional mental health services.

Yet another plausible related explanation for low endorsement of mental health and substance abuse services may be attributed to cultural factors, in the form of community cultural norms, that allow for greater tolerance of behaviors associated with these conditions that the larger society defines as dysfunctional. The low need perception may also be a function of the social stigma that is still attached to these social problems across cultures.

These findings tangentially collaborate other studies which indicate low use of mental health services by Mexican-Americans (Hough, R. L. et. al. 1987; Lopez, S., 1981). What these findings on mental health suggest, are that these respondents whose heritage is primarily Mexican, tend to associate mental health services with care for the chronically mentally ill. The idea of being mentally ill is highly threatening to a population group whose members experience high levels of stress given their marginal status as immigrants. These respondents have a need to believe that their psychic worries will end when the household adults acquire English skills. It has been suggested that these unexpected findings indicate cultural factors that prescribe different views on what constitutes community needs in these

more specialized areas, alcohol, drug abuse, and mental health. It is suggested that the stigma associated with admitting need for mental health or substance abuse services may, in part, explain these findings. This suggests that there is a strong need for preventative education to increase public awareness to help families recognize signs when mental health or substance abuse intervention may be undicated.

CONCLUSIONS IX

Four main and consistent factors that could be perceived as obstacles for service participation were found. First of these has been previously delineated; The lack of knowledge of these Hispanic community residents regarding services that are available in the wider community. It follows logically that if would be service consumers do not know what services are available, they will be unable to use them. Second, the population that is the subject of this survey have attributes that present considerable barriers for accessing community services. They are largely recent immigrants with limited English proficiency who have had limited opportunity to become knowledgeable about American human resource systems. Seventy-five percent of these respondents indicate a need for legal aid and half indicate a need for immigration services which further supports the premise that these respondents are experiencing difficulty accessing community services because of language difficulty and eligibility restrictions for some. The data indicates that those respondents who have had more education, who read English and who interact more with non-Hispanics are more knowledgeable about human services. The third barrier which these respondents experience in accessing community services is lack of public transportation. One hundred forty-eight respondents (71%) indicated a need for public transportation suggesting that their own means of transportation are limited. One hundred seventeen (61%) did not know of a location to secure public transportation. It follows that if these would be service consumers are not able to get to the agency service locations, they will continue to be under served and available services will continue to go unused.

The fourth barrier that emerged was the overwhelming implication that these community residents lack knowledge of where to secure most services. This creates a bleak picture of a rapidly growing community with admitted social needs, lacking necessary knowledge and transportation means to access available community resources.

RECOMMENDATIONS X

It would appear that efforts to infuse information about human service availability into the Spanish language newspapers and radio outlets might contribute to an overall increase in human service knowledge among the Hispanics population in Oklahoma City. Alternatively, efforts to increase the overall English language literacy among this population group should yield similar effects. It should also be pointed out that such literacy education was identified by almost ninety percent of the respondents as a community need. A parallel recommendation would be to incorporate information about human service availability into existing English language literacy classes. This enhancement would need to include information on both eligibility requirements and service location, two areas that most respondents appeared to be deficit in. While tentative, these recommendations are clearly supported by the present data.

A third recommendation would be the development of recreation programs to afford the development of social skills for youth. The emphasis here would be to reduce the number of youth engaged in antisocial activities by increasing opportunities for exposure to positive role models and supervised recreation designed to improve athletic and team work skills. Other non athletic group work type activities could be developed to enhance the development of leadership skills.

A fourth recommendation is in the form of endorsement for the LCDA goal of establishing a multiple agency service center. It is evident from the reported findings that the majority subjects in this study find themselves isolated from the wider community. The participants have limited access to community resources because of personal and agency barriers which include: information deficits, language and transportation barriers. The LCDA can play a vital role by continuing its advocacy efforts to facilitate access to services available in the wider community.

A multiple-agency center would be a vehicle for bringing together multiple services in one central location. Establishment of a multiple-agency center within the community would minimize transportation problems for residents in the immediate area and make it possible for agencies to increase cost effectiveness by sharing space and resources.

A final recommendation would be the development of transportation options for getting residents to resource centers. The findings indicate that residents will not use services

if they cannot access them. Options suggested for consideration include the development of a motor pool by LCDA or contracting with an existing agency to provide transportation services at reduced fares or no cost. The city mass transit office could be asked to develop a program to increase Hispanic residents' familiarity with its operations, routes and schedules.

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